PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # 706222

1. Corporation Name
FIRST BAPTIST CHURCH, INCORPORATED OF MARGATE, FLORIDA

2. Principal Office Address	3. Mailing Office Address
749 Wentworth Street	749 Wentworth Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Sebastian, Florida	Sebastian, Florida
Zip: 32958 Country: U.S.A.	Zip: 32958 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 591140119 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

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Name: Samuel Sutter, F.
Street Address (P.O. Box Number is Not Acceptable): 749 Wentworth Street
Suite, Apt. #, Etc.:
City: Sebastian
State: FL
Zip Code: 32958

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Samuel F Sutter
REGISTERED AGENT MUST SIGN
Date: Nov 17, 2001

CR2E061 (8/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Earl Turner	2112 Cypress Drive	Pompano Beach, Fl. 33068
T	Samuel Sutter, F.	749 Wentworth Street	Sebastian, Fl. 32958
S	Billie Jo Wilcox	2014 Graham Street	Daytona Beach, Fl. 32118

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Samuel F Sutter Nov 17, 2001 561-388-3794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #